



**COUNTY OF LOS ANGELES**  
**TREASURER AND TAX COLLECTOR**  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CA 90012



**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

April 02, 2013

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

20 April 2, 2013

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR**  
**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT**  
**(ALL DISTRICTS AFFECTED)**  
**(3 VOTES)**

**SUBJECT**

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

**IT IS RECOMMENDED THAT THE BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12496858 in amount of \$5,000.00
2. Account Number 12571170 in amount of \$3,118.83
3. Account Number 12631772 in amount of \$4,784.50
4. Account Number 12580674 in amount of \$4,976.50

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the

patients, estates, or legally responsible relatives are unable to pay the charges.

**Implementation of Strategic Plan Goals**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

**Strategic Asset Management Principles Compliance**

Not applicable.

**FISCAL IMPACT/FINANCING**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

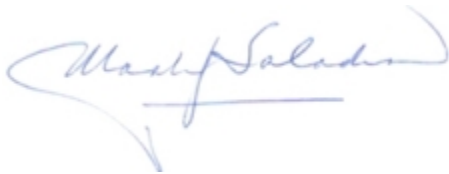
**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Not. applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

No impact.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mark J. Saladino", with a horizontal line underneath.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer  
Auditor-Controller  
County Counsel

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 123A

Amount of Aid	\$135,799.00	Account Number	12496858
Amount Paid	18,246.00	Name	Adult Female
Balance Due	117,553.00	Service Date	04/19/11 thru 05/25/11
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$112,553.00	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$135,799.00. The client had Medi-Cal, restricted benefits. There was no private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	689.00	0.00	0.00%
Wilmore Premier Health Group	4,605.00	2,302.50	15.35%
County of Los Angeles	117,553.00	5,000.00	33.33%
Net to Client	N/A	2,697.50	17.99%
<b>Total</b>	<b>\$127,847.00</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her spouse with a marginal income. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.123B

Amount of Aid	\$11,705.00	Account Number	12571170
Amount Paid	0.00	Name	Adult Male
Balance Due	11,705.00	Service Date	06/01/11 thru 09/07/11
Compromise Amount Offered	3,118.83	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 8,586.17	Service Type	Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$11,705.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,875.45	\$ 4,875.45	32.50
Attorney Cost	373.66	373.66	2.49
Westmed dba McCormick	1,065.75	283.75	1.89
Centinela Hospital Medical Center	3,756.52	1,000.92	6.67
Centinela Radiology	109.80	29.26	0.20
Centinela Physicians	601.00	159.91	1.07
Laura Pena, D.C.	1,060.00	282.79	1.89
County of Los Angeles	11,705.00	3,118.83	20.79
Net to Client	N/A	4,875.43	32.50
<b>Total</b>	<b>\$23,547.18</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and supported by his mother. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.123C

Amount of Aid	\$19,786.00	Account Number	12631772
Amount Paid	0.00	Name	Adult Male
Balance Due	19,786.00	Service Date	03/01/12 thru 03/15/12
Compromise Amount Offered	4,784.50	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$15,001.50	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$19,786.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
Compton Fire Department	890.60	890.60	5.94%
County of Los Angeles	19,786.00	4,784.50	31.90%
Net to Client	N/A	4,324.90	28.83%
<b>Total</b>	<b>\$25,676.60</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself and a family of four with a marginal income. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 123D

Amount of Aid	\$227,722.00	Account Number	12580674
Amount Paid	0.00	Name	Adult Male
Balance Due	227,722.00	Service Date	09/11/11 thru 10/12/11
Compromise Amount Offered	4,976.50	Facility	LAC USC Medical Center
Amount to be Written Off	\$222,745.50	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$227,722.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
Los Angeles Fire Department	1,068.50	23.50	0.16%
County of Los Angeles	227,722.00	4,976.50	33.18%
Net to Client	N/A	5,000.00	33.33%
<b>Total</b>	<b>\$233,790.50</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.